

FORMAL

IN RE APPLICATION NUMBER: 10/796,332TRANSMITTAL COVER LETTER FOR FACSIMILE TRANSMISSION

PLEASE DELIVER THE FOLLOWING PAGES TO:

Mail Stop Amendment
Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
Attention: Examiner Lloyd A. Gall
Group Art Unit 3676

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CLIENT/MATTER NO. 000879-0008CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

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Isatta B. Smith

TOTAL NUMBER OF PAGES, INCLUDING COVER SHEET: 18

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AUT/008 Cont.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Michael Lax et al.
Application No. : 10/796,332 Confirmation No. : 2003
Filed : March 8, 2004
For : CASE WITH INTERNAL LOCK
Group Art Unit : 3676
Examiner : Lloyd A. Gall

New York, New York
October 13, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☐ a Preliminary Amendment;
☒ a Reply to Office Action; ☐ a Declaration; ☐ a Power
of Attorney; ☐ a Submission of Formal Drawings; ☐ a
Terminal Disclaimer Under 37 C.F.R. § 1.321(b,c); to be filed
in the above identified patent application.

FEE FOR ADDITIONAL CLAIMS

- ☒ A fee for additional claims is not required.
☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	0 X	\$ 50	= \$ 0.00
INDEPENDENT CLAIMS	-	** =	0 X	\$200	= \$ 0.00
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+	\$360	= \$ 0.00
					TOTAL \$ 0.00
* If less than 20, insert 20.					
** If less than 3, insert 3.					

[] A check in the amount of \$_____ in payment of the additional claims is transmitted herewith.

[] Please charge \$_____ to Deposit Account No. _____ in payment of the filing fee.

[X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.16 in connection with paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 06-1075 (Order No. 000879-0008).

EXTENSION FEE

[] The following extension is applicable to the Reply filed herewith; [] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$1020.00

extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136 (a); ☐ \$2160.00 extension fee for response within fifth month pursuant to 37 C.F.R. 1.136(a).

☐ Please charge the ☐ \$120.00; ☐ \$450.00; ☐ \$1020.00; ☐ \$1590.00; or ☐ \$2160.00 extension fee to Deposit Account No. _____, (Order No. _____). A duplicate copy of this transmittal letter is transmitted herewith.

- [X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075 (Order No. 000879-0008).

Respectfully submitted,



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REPLY TO OFFICE ACTION

Sir:

In reply to the Office Action dated September 28, 2006, applicants amend the above-identified application as follows:

Amendments of the claims are reflected in the listing of claims which begins on page 2 of this paper.
Remarks begin on page 11 of this paper.